## Town of North Hempstead Department of Parks and Recreation

1801 Evergreen Avenue New Hyde Park, New York 11040 516 739-3001 / Fax 516 327-3120

## **Gerry Park Application For Use Of Facilities**



## Jon Kaiman Supervisor

## Gerard R. Olsen Commissioner

| Name:   |                                       | Date:   |              |                    |                |           |  |
|---|---------------------------------------|---|--------------|--------------------|----------------|-----------|--|
| Current address:  |                                       |   |              |                    |                |           |  |
| City:   |                                       | State:  | State: ZIP C |                    | Code:          |           |  |
| Home Telephone No.  | Business Telephone No.                |   |              |                    |                |           |  |
| Request Date:   | Time From: To:                        |   |              |                    |                |           |  |
| Approximate Number of People Attending:   |                                       | (Circle one)  | Resid        | dent Non- Resident |                |           |  |
| Resident Fees   | Non-Resident Fees                     |   |              |                    |                |           |  |
| Wedding Photography Fee<br>Wedding Ceremony Fee   | \$65.00<br>\$100.00<br><b>NON-REF</b> | Wedding Photography Fee \$90.00 Wedding Ceremony Fee \$200.00 UNDABLE |              |                    |                |           |  |
|   |                                       |   |              |                    |                |           |  |
| Do Not Write Below This Line  |                                       |   |              |                    |                |           |  |
| Fee Received:   | Make Check Payable to: "              | Town of North Hempstead"  |              |                    | Date Received: |           |  |
| Credit Card Visa / MC #   |                                       |   | Expire Date: |                    |                | Check No. |  |
| I hereby agree to be responsible for the people using the aforementioned facility and to abide by the rules and regulations and understand that <b>No Refund</b> will be granted. |                                       |   |              |                    |                |           |  |
| Signature of applicant:   |                                       |   |              |                    | Date:          |           |  |
| Reviewed By:  |                                       |   |              |                    | Date:          |           |  |
| Approved By:  |                                       |   |              |                    | Date:          |           |  |